Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NATIONAL QUALITY MEASURES CLEARINGHOUSE

General

Title

Frequency of ongoing prenatal care: percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received less than 21%, 21% to 40%, 41% to 60%, 61% to 80%, or greater than or equal to 81% of the expected number of prenatal care visits.

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Measure Domain

Primary Measure Domain

Related Health Care Delivery Measures: Use of Services

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of expected prenatal visits:

- Less than 21% of expected visits
- 21% to 40% of expected visits
- 41% to 60% of expected visits
- 61% to 80% of expected visits

Greater than or equal to 81% of expected visits

Note from the National Quality Measures Clearinghouse (NQMC): For this measure, there are both Administrative and Hybrid Specifications. This NQMC measure summary is based on the Administrative Specification. Refer to the original measure documentation for details pertaining to the Hybrid Specification.

Rationale

This measure looks at the use of prenatal care services. It tracks Medicaid-enrolled women who had live births during the past year to determine the percentage of recommended prenatal visits they had.

Complications can arise at any time during pregnancy. For that reason, continued monitoring throughout pregnancy is necessary. Frequency and adequacy of ongoing prenatal visits are important factors in minimizing pregnancy problems. The American College of Obstetricians and Gynecologists (ACOG) recommends that prenatal care begin as early as possible in the first trimester of pregnancy (American Academy of Pediatrics [AAP] & ACOG, 2002). Visits should follow a schedule:

Every 4 weeks for the first 28 weeks of pregnancy
Every 2 to 3 weeks for the next 7 weeks
Weekly thereafter until delivery

Evidence for Rationale

American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Guidelines for perinatal care. 5th ed. Elk Grove Village (IL): American Academy of Pediatrics; 2002.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Primary Health Components

Pregnancy; prenatal care

Denominator Description

Medicaid-enrolled women who delivered a live birth on or between November 6 of the year prior to the measurement year and November 5 of the measurement year (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Women who had an unduplicated count of less than 21%, 21% to 40%, 41% to 60%, 61% to 80%, or greater than or equal to 81% of the number of expected visits, adjusted for the month of pregnancy at time of enrollment and gestational age (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

Additional Information Supporting Need for the Measure

- Although many women experience uncomplicated pregnancies, timely and adequate prenatal care can prevent poor birth outcomes (Eunice Kennedy Shriver National Institute of Child Health and Human Development, 2012). The American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) (2012) recommend that a woman with an uncomplicated pregnancy be examined every 4 weeks for the first 28 weeks of pregnancy, every 2 to 3 weeks until 36 weeks of gestation and weekly thereafter.
- In 2012, the low-birth weight rate was 8 percent and the preterm birth rate was 11.5 percent (Martin et al., 2013). The cost of lost work and pay over the lifespan of babies born preterm is $5.7 billion (March of Dimes Foundation, 2013).
- Each year in the United States, one in eight infants is born preterm. In 2009, preterm births represented 35 percent of infant deaths (Partridge et al., 2012).
- Nearly 30 percent of pregnant women 25 years of age and older do not receive timely prenatal care (Maternal and Child Health Bureau [MCHB], 2011). Pregnancies with limited prenatal care have twice the risk of preterm birth and infant mortality than pregnancies with sufficient care (Centers for Disease Control and Prevention [CDC], 2013).
- Appropriate perinatal services and education are crucial components of a healthy birth. Understanding how to stay healthy is important for preventing complications that can affect the health of both mother and baby before, during and after pregnancy.

Evidence for Additional Information Supporting Need for the Measure

American Academy of Pediatrics (AAP), American College of Obstetricians and Gynecologists (ACOG). Guidelines for perinatal care. 7th ed. Washington (DC): American College of Obstetricians and Gynecologists (ACOG); 2012. 580 p.

Centers for Disease Control and Prevention (CDC). Reproductive health: preterm birth. [internet]. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2013 [accessed 2014 Jun 01].

Eunice Kennedy Shriver National Institute of Child Health and Human Development. What is prenatal care & why is it important?. [internet]. Bethesda (MD): National Institutes of Health (NIH); 2012 [accessed 2014 Jun 01].

March of Dimes Foundation. The impact of premature birth on society. [internet]. White Plains (NY): March of Dimes Foundation; 2013 Oct [accessed 2014 Jun 01].

Martin JA, Hamilton BE, Osterman MJ, Curtin SC, Matthews TJ. Births: final data for 2012. Natl Vital Stat Rep. 2013 Dec 30;62(9):1-68. PubMed

Maternal and Child Health Bureau (MCHB). Women's health USA 2011. Rockville (MD): Health Resources and Services Administration (HRSA); 2011.

National Committee for Quality Assurance (NCQA). The state of health care quality 2015. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. 205 p.

Partridge S, Balayla J, Holcroft CA, Abenhaim HA. Inadequate prenatal care utilization and risks of infant mortality and poor birth outcome: a retrospective analysis of 28,729,765 U.S. deliveries over 8

years. Am J Perinatol. 2012 Nov;29(10):787-93. PubMed

Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Where applicable, measures also are assessed for construct validity using the Pearson correlation test. All measures undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis.

Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Mar 16. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Hospital Inpatient

Hospital Outpatient

Managed Care Plans

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Unspecified

Target Population Gender

Female (only)

National Strategy for Quality Improvement in Health Care

National Quality Strategy Priority

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Not within an IOM Care Need

IOM Domain

Not within an IOM Domain

Data Collection for the Measure

Case Finding Period

November 6 of the year prior to the measurement year through November 5

Denominator Sampling Frame

Enrollees or beneficiaries

Denominator (Index) Event or Characteristic

Clinical Condition

Institutionalization

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions
Medicaid-enrolled women who delivered a live birth on or between November 6 of the year prior to the measurement year and November 5 of the measurement year (Deliveries Value Set)

Include women who delivered in any setting.

Multiple Births: Women who had two separate deliveries (different dates of service) between November 6 of the year prior to the measurement year and November 5 of the measurement year are counted twice. Women who had multiple live births during one pregnancy are counted once.

Note: Women must have been continuously enrolled 43 days prior to delivery through 56 days after delivery with no gaps in enrollment during the continuous enrollment period.

Exclusions
Exclude non-live births (Non-live Births Value Set)

Value Set Information
Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the NCQA Web site to purchase HEDIS Volume 2, which includes the Value Set Directory.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions
Women who had an unduplicated count of less than 21%, 21% to 40%, 41% to 60%, 61% to 80%, or greater than or equal to 81% of the number of expected visits, adjusted for the month of pregnancy at time of enrollment and gestational age

Note:

> Refer to the original measure documentation for steps to calculate each woman's ratio of observed-to-expected prenatal care visits. Ultrasound and lab results alone are not considered a discrete prenatal care visit unless they are combined with other criteria.

Exclusions
Unspecified

Value Set Information
Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the NCQA Web site to purchase HEDIS Volume 2, which includes the Value Set Directory.

Numerator Search Strategy

Episode of care

Data Source

Administrative clinical data

Paper medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Frequency Distribution

Interpretation of Score

Does not apply to this measure (i.e., there is no pre-defined preference for the measure score)

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Frequency of ongoing prenatal care (FPC).

Measure Collection Name

HEDIS 2016: Health Plan Collection

Measure Set Name

Utilization and Risk Adjusted Utilization

Measure Subset Name

Utilization

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

Core Quality Measures

Obstetrics and Gynecology

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2015 Oct

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates previous versions:

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.
National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

Measure Availability

Source available for purchase from the National Committee for Quality Measurement (NCQA) Web site.

For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

Companion Documents

The following are available:

National Committee for Quality Assurance (NCQA). The state of health care quality 2015. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct. 205 p.
National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct 1. 12 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC Status

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Copyright Statement

Production

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

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